

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45013
STATE FILE NUMBER

FILED JAN 14 1958

Registration District No.

187

Primary Registration District No.

3040

Registrar's No.

34

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Chillicothe		c. CITY OR TOWN Chillicothe 0598	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 827 Locust		d. STREET ADDRESS (If outside, give location) 827 Locust	
3. NAME OF DECEASED (Type or print) First Reuben Middle Lee Last Linville		4. DATE OF DEATH Month Dec. Day 31 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 16, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		11. BIRTHPLACE (City and state or country) Chillicothe, Mo.	
13a. FATHER'S NAME Wiley Linville		14. NAME OF HUSBAND OR WIFE Helen Linville	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-36-1458	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus (severe)		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 15 min	
20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 332X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from Jan 10-57 to Dec 31-57 and last saw her alive on Dec 31-57 Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Joseph A. Cannon M.D.	
22b. ADDRESS Chillicothe, Mo.		22c. DATE SIGNED Jan 2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 3, 1958	
23c. NAME OF CEMETERY OR CREMATORY Anderson cemetery		23d. LOCATION (City, town, or county) Livingston Co., Mo.	
24. FUNERAL DIRECTOR Donald Gordon, Chillicothe, Mo		25. DATE RECD. BY LOCAL REG. Jan-2-58	
26. REGISTRAR'S SIGNATURE Frances B Neill			

(Licensed Embolmer's Statement on Reverse Side)

APR 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Richard H. Bandall*

Licensed Embalmer No. *4866*

P. O. Address *Chillicothe, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.